

STATE OF TENNESSEE Department of Finance and Administration, Division of TennCare REQUEST FOR PROPOSAL # 31865-00622 AMENDMENT 4 FOR ESTATE RECOVERY SERVICES

DATE: June 25, 2021

RFP # 31865-00622 IS AMENDED AS FOLLOWS:

This adjustment is being made due to a clerical error that was found within the cost calculation found at the bottom of RFP Attachment 6.3.a, 6.3.b, and 6.3.c, Cost Proposal & Scoring Guide. The original scoring calculation came from the Technical section and mathematically would not work for the Cost sections. In order to finalize Cost scoring and to ensure points are distributed in an accurate, mathematically viable way, the below adjustment(s) are being made at this time. This amendment adjusts the formula used for the Cost Section to the correct formula and maintains the maximum allowable point value for Cost at 35 points.

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		April 1, 2021
2. Disability Accommodation Request Deadline	2:00 p.m.	April 6, 2021
3. Pre-response Conference	1:00 p.m.	April 13, 2021
4. Notice of Intent to Respond Deadline	2:00 p.m.	April 14, 2021
5. Written "Questions & Comments" Deadline	2:00 p.m.	April 21, 2021
State Response to Written "Questions & Comments"		May 12, 2021
7. Response Deadline	2:00 p.m.	June 4, 2021
State Completion of Technical Response Evaluations		June 22, 2021
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	June 23, 2021
10. Contract Negotiations		June 28, 2021 through June 29, 2021
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 1, 2021
12. End of Open File Period		July 9, 2021
State sends contract to Contractor for signature		July 12, 2021

14. Contractor Signature Deadline	2:00 p.m.	July 19, 2021
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2. Delete RFP Attachment 6.3.a, 6.3.b, and 6.3.c, Cost Proposal & Scoring Guide in their entirety and insert the following in their place (any sentence or paragraph containing revised or new text is highlighted):

RFP ATTACHMENT 6.3.a

COST PROPOSAL & SCORING GUIDE-Option 1: Percentage Collection and Flat Fee NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point. Respondents will only fill out ONE of the following Cost Proposal and Scoring Guide sheets. The State is currently offering three options, 6.3.a, 6.3.b and 6.3.c. Each sheet is labeled with the corresponding option, so please fill out the ONE form that the Respondent wishes to bid. Submitting more than one cost proposal sheet will cause the Respondent to be deemed non-responsive.

*All cost items are based off of a single year approximation.

NOTICE:

The Evaluation Factor associated with each cost item is for evaluation purposes <u>only</u>. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document <u>must</u> attach evidence showing the individual's authority to legally bind the Respondent.

RESPONDENT SIGNATURE:	
PRINTED NAME & TITLE:	
DATE:	

RESPONDENT LEGAL ENTITY NAME:				
		State Use Only		
Cost Item Description	Proposed Cost	Evaluation Factor	Evaluation Cost (cost x factor)	
Gross % of actual Collections				
(February 1, 2022 through January 31, 2025)	% per \$ collected	78,600,000		
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim				
(February 1, 2022 through January 31, 2025)				
	\$/ MEMBER	23,400		
			Option Year 1	
Gross % of actual Collections				
(February 1, 2025 through January 31, 2026)	% per \$ collected	26,200,000		
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim		7,800		
(February 1, 2025 through January 31, 2026)				
	\$/ MEMBER			
	Option Year 2			
Gross % of actual Collections				
(February 1, 2026 through January 31, 2027)	% per \$ collected	26,200,000		
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim				
(February 1, 2026 through January 31, 2027)		7,800		
	\$/ MEMBER			
EVALUATION COST AMOUNT (sum of en The Solicitation Coordinator will use this so				
the Cost Proposal Score. Numbers round decimal point will be standard for calculations.	ed to two (2) places to the right of the			

RESPONDENT LEGAL ENTITY NAME:					
			Stat	te Use Only	
Cost Item Description	Proposed	l Cost	Evaluation Factor		tion Cost x factor)
lowest evaluation cost amount		X 35 (maximum se	ction score)	= SCORE:	
State Use – Solicitation Coordinator S.		& Date:			

RFP ATTACHMENT 6.3.b

COST PROPOSAL & SCORING GUIDE: Option 2: Percentage Collection ONLY NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point. Respondents will only fill out ONE of the following Cost Proposal and Scoring Guide sheets. The State is currently offering three options, 6.3.a, 6.3.b and 6.3.c. Each sheet is labeled with the corresponding option, so please fill out the ONE form that the Respondent wishes to bid. Submitting more than one cost proposal sheet will cause the Respondent to be deemed non-responsive.

*All cost items are based off of a single year approximation.

NOTICE:

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This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document <u>must</u> attach evidence showing the individual's authority to legally bind the Respondent.

RESPONDENT SIGNATURE:	
PRINTED NAME & TITLE:	

DATE:			
RESPONDENT LEGAL ENTITY NAME:			
		Stat	e Use Only
Cost Item Description	Proposed Cost	Evaluation Factor	Evaluation Cost (cost x factor)
Gross % of actual Collections			
(February 1, 2022 through January 31, 2025)	% per \$ collected	78,600,000	
	Option Year 1		
Gross % of actual Collections			
(February 1, 2025 through January 31, 2026)	% per \$ collected	26,200,000	
	Option Year 2		
Gross % of actual Collections			
(February 1, 2026 through January 31, 2027)	% per \$ collected	26,200,000	
EVALUATION COST AMOUNT (sum of ex The Solicitation Coordinator will use this su the Cost Proposal Score. Numbers round decimal point will be standard for calculation	um and the formula below to calculate ed to two (2) places to the right of the		
lowest evaluation cost amou	unt from all proposals	vimum poetion coeral	- SCORE.
evaluation cost amount		ximum section score)	= SCORE:
State Use – Solicitation Coordinator S	ignature, Printed Name & Date:		

RFP ATTACHMENT 6.3.c

COST PROPOSAL & SCORING GUIDE: Option 3: Flat Fee ONLY

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point. Respondents will only fill out **ONE** of the following Cost Proposal and Scoring Guide sheets. The State is currently offering three options, 6.3.a, 6.3.b and 6.3.c. Each sheet is labeled with the corresponding option, so please fill out the ONE form that the Respondent wishes to bid. Submitting more than one cost proposal sheet will cause the Respondent to be deemed non-responsive.

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NOTICE:

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RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
		Sta	te Use Only
Cost Item Description	Proposed Cost	Sta Evaluation Factor	Evaluation Cost (cost x factor)
Cost Item Description Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim	Proposed Cost	Evaluation	Evaluation Cost
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an	Proposed Cost	Evaluation	Evaluation Cost
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim (February 1, 2022 through	Proposed Cost \$/ MEMBER	Evaluation	Evaluation Cost

RESPONDENT LEGAL ENTITY NAME:					
			Sta	te Use Only	
Cost Item Description	Proposed Co	st	Evaluation Evaluation (cost x factor		
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim					
(February 1, 2025 through January 31, 2026)	\$/ MEMBER		7,800		
	Option Ye	ar 2			
Flat Fee for each Member that Dies during the Term of the Contract and is Subject to an LTSS Claim					
(February 1, 2026 through January 31, 2027)	\$/ MEMBER		7,800		
EVALUATION COST AMOUNT (sum of ev	raluation costs above):				
The Solicitation Coordinator will use this su the Cost Proposal Score. Numbers rounde decimal point will be standard for calculation	ed to two (2) places to the r				
lowest evaluation cost amou	unt from all proposals				
evaluation cost amount	being evaluated	X 35 (ma	ximum section score)	= SCORE:	
State Use – Solicitation Coordinator S	ignature, Printed Name	& Date:			Ц

5. <u>RFP Amendment Effective Date</u>. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.